

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., &amp; day)

M O D O O O 8 1 8 9 6 3

T/A

C

1

I. NAME OF INSTALLATION

M C D O N N E L L D O U G L A S C O R P - S T L O U I S T R A C T I

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P O B O X 5 1 6

CITY OR TOWN

4 S T L O U I S

ST.

ZIP CODE

M O 6 3 1 6 6

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 M C D O N N E L L B L V D &amp; L I N D B E R G H T R I

CITY OR TOWN

6 S T L O U I S

ST.

ZIP CODE

M O 6 3 1 4 5

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

2 P A T T E R S O N J E R O M E B R A N C H M G R

3 1 4 - 2 3 2 - 3 3 1 9

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 M C D O N N E L L D O U G L A S C O R P &amp; U S G O V E R N M E N T

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

F&amp;M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

M O D O O O 8 1 8 9 6 3

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

SOLVENT RECYCLING ACTIVITY

I.D. - FOR OFFICIAL USE ONLY												
5												T/A C
W												1
1	2										13	14 15

**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 3 23 - 26	4 F 0 0 5 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Jerome C. Patterson</i>	NAME & OFFICIAL TITLE (type or print) Jerome C. Patterson Branch Manager Environmental Compliance	DATE SIGNED 3 APR 85
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EPA Form 8700-12 (6-80) REVERSE

SOLVENT RECYCLING ACTIVITY



R00144315

RCRA RECORDS CENTER

03 February 1983

U.S. Environmental Protection Agency  
Region VII  
324 East Eleventh Street  
Kansas City, Missouri 64106

Attention: Mr. Morris Kay, Director

REGISTERED MAIL - RETURN RECEIPT

Dear Mr. Kay:

We wish to inform you that according to the terms of the U.S. Code of Federal Regulations, Title 40, Chapter 1, Part 122, Section 122.6 entitled "Signatories to Permit Applications and Reports," the following two individuals are hereby designated as duly authorized representatives for purposes of signing reports.

Name: Thomas W. McMahon

Signature: *Thomas W. McMahon*

Name: Jerome C. Patterson

Signature: *Jerome C. Patterson*

These individuals are the only persons authorized for this purpose. Any changes will be authorized in writing from this office.

Sincerely,

MCDONNELL AIRCRAFT COMPANY

*H. D. Altis*

H. D. Altis  
Executive Vice President

HDA/JCP:bem

EC: Missouri Dept. of Natural Resources  
P.O. Box 176  
Jefferson City, Missouri 65102  
Attention: Mr. F. A. Lafser



**MCDONNELL AIRCRAFT COMPANY**

Box 516, Saint Louis, Missouri 63166 (314) 232-0232

03 April 1985

*OK*

U.S. Environmental Protection Agency  
Region VII  
324 East Eleventh Street  
Kansas City, Missouri 64106

Attention: Mr. Morris Kay, Director

REGISTERED MAIL - RETURN RECEIPT

Enclosure: (1) EPA Form 8700-12 dated 03 April 1985 for Solvent Recycling Activity  
(2) Signature Authorization Memo

Dear Mr. Kay:

The sole purpose of this letter and the enclosures is to provide legal notification for the operation of a solvent reclamation still under the recycling activity requirements of the 04 January 1985 RCRA amendments.

At this time, our law staff has been unable to determine if our activity is covered under these new regulations. If we are covered, we wish to protect our interim status.

Please forward permit application forms. Thank you.

Sincerely,

MCDONNELL AIRCRAFT COMPANY

*Jerome C. Patterson*

Jerome C. Patterson, Branch Manager  
Environmental Compliance  
Dept. 891C, Bldg. 305  
(314) 233-9824

JCP:bem

**RECEIVED**

**APR 10 1985**

**AIR AND HAZARDOUS MATERIALS  
DIVISION**